

OFFICE OF PUBLIC DEFENSE - ATTORNEY INVOICE

FIRM NAME: _____

CASE # _____

ATTORNEY: _____

TAX IDENTIFICATION # _____

ADDRESS: _____

Circle _____

if new X _____

address _____

TELEPHONE # _____

FOR OPD USE ONLY

C: _____ A: _____

CASE TITLE: _____ CASE TYPE (i.e. Theft, Dependency): _____

PAYMENT REQUESTED (Circle one): **Statement of Arrangements Fee** **Brief Fee** **Closing Fee**

COUNTY: _____

APPEAL TYPE?

____ Direct Appeal-Criminal
____ Direct Appeal-Civil/Dep.
____ Direct Appeal-Civil/Other
____ Motion for Disc. Review
____ Petition for Review
____ Other _____

Representing?

____ Appellant
____ Respondent

Were you trial
counsel?
Yes No

Date Statement
of
Arrangements
Was Filed: _____

Date Brief
was Filed: _____

Anders?
Yes No

Were you
Sanctioned?
Yes No

Date Case
Heard or
Reviewed
by Court
w/o Oral
Argument: _____

DESCRIPTION

1. Communications with Client:
2. Communications with Trial Counsel:
3. Communications with Clerk, other:
4. Review of Verbatim Report of Proceedings:
Number of Pages: _____
5. Research:
6. Brief Writing
 - A. First Brief and Reply:
 - B. Motions and Memoranda:
7. Preparation and Oral Argument
 - A. Court of Appeals:
 - B. Supreme Court:

TOTAL TIME:

Hours – To Brief

Hours – Brief To Close

MILEAGE (For Oral Argument Only) Origin (City) _____ Court (City): _____

Miles Round Trip: _____ Mileage @ _____ Cents/Mile Amount: \$ _____

Completion Mandatory For Reimbursement

I declare under penalty of perjury under the laws of the state of Washington that the foregoing is true and correct:

Date _____

Signature _____

Place of Signing _____

Return to Sharon McAferty PO Box 40957 Olympia WA 98504 (360) 956-2109